

thus disposed rainbow-wise, may also be seen in the urine; but as respects the expectoration, nothing but the green is developed.

M. Solon remarks that tartar emetic employed in pneumonia, sometimes cures by its contra-stimulant power without inducing vomiting; but at other times it does so by exciting bilious evacuations.—*Brit. and For. Med.-Chir. Review*, Jan. 1849, from *Bulletin de Thérapeutique*, tom. xxxv.

16. *Melæna Neonatorum*. By Dr. RILLIET of Geneva.—The new circumstances in which is placed the infant, the delicacy of its organs, the novelty of the functions they are suddenly called upon to perform, predispose it to certain forms of hemorrhage, more special in their causes than in their symptoms or results. The most frequent are those which occupy the brain, or spinal cord; the former bears the name of apoplexy, the latter of tetanus. A more uncommon variety is hemorrhage from the stomach or bowels, and is known under the denomination of melæna neonatorum. Hesse (in 1825), Rahn Escher, of Zurich (1835), Kivish, and Hoffman, have published isolated instances of the disease; Billard and Barrier, in France, also speak of the complaint; and two cases were published in England by Dorington and Gairdner.

In referring to the cases hitherto published, children of the male sex seem, more than female infants, predisposed to the malady, and it usually occurs during the first four days of extra-uterine life. The predisposing causes should be sought for in the naturally congested state of the gastro-intestinal mucous membrane of infants—a circumstance which may be increased by enlargement of the liver or spleen, or any other cause of obstruction within the abdomen sufficient to occasion hemorrhage; and, secondly, in the difficult establishment of respiration. The lungs not admitting readily the blood, that fluid distends the other organs, and specially the already congested intestines.

The disease more frequently makes its appearance after the evacuation of meconium; the discharge of blood from the anus is usually the first symptom, and in more than one-half of the cases precedes hematemesis. The hemorrhage is generally considerable, and in most cases attains its height during the first twenty-four hours. The general symptoms are those habitually concomitant with loss of blood, viz., paleness of the face, refrigeration of the surface and extremities, extreme feebleness of the pulse, irregularity of respiration, and (seldom) convulsions. The local symptoms are all negative; the infants are too weak to suck, the abdomen is not tender or distended. M. Rahn Escher specially insists upon the consequences of the loss of blood upon the constitution of the child. The patient remains pale, thin, and subject to diarrhoea and convulsions.

With regard to the prognosis of the malady, Dr. Rilliet observes, that of twenty-three cases on record, the issue was fatal in eleven cases; in nine of the remaining instances, the recovery was rapid and complete; but in the three others the constitution remained a long time much deteriorated by the illness. The treatment recommended by M. Rilliet consists in cold applications to the abdomen, whilst heat is carefully applied to the extremities. Enemata he rejects as useless, because their action is confined to the large intestine, which is not the seat of the disease. The nurse's milk should be given in a spoon until the child has recovered sufficient strength to take the breast, and a gentle cordial should be exhibited in cases of alarming weakness.—*Med. Times*, Jan. 6, from *Gaz. Méd. de Paris*.

17. *Chorea*.—Dr. ELAM, in a paper read before the Sheffield Medical Society, (Nov. 16th, 1848), observed that the disease now known by the name of chorea seems to be perfectly distinct in its nature from that to which the name chorea or chorea Sancti Viti was originally applied; very little is known of the latter by practical experience in the present day. It was a much more formidable disease, and frequently fatal, but we have no records by which to ascertain its pathology. The cases to be related are all of the modern chorea. Cullen's account also differs from the present type of the disease in several particulars; with regard to the voluntary nature of the actions, which should rather be described as automatic, the too prominent limitation of the convulsions to one

side, and the comparison of them to the gestures of actors. Sydenham's description approaches more nearly to the present type.

Dr. Elam related a case bearing upon the question as to how far these motions may be considered voluntary, and regarded the case as pointing to the probability that they are rather of an automatic character, similar in nature to the action of the respiratory muscles.

E. D., 9 years of age, had been suffering from chorea three weeks. When sitting up in bed, taking her breakfast, the peculiar distinction between the voluntary and automatic motions was remarked, for whilst eating, the right arm acted regularly in carrying the spoon to the mouth, whilst the left arm and both legs were violently convulsed, yet not a drop of the food was spilled; but when the girl, instead of eating, instinctively, as it may be called, was told to do anything with the right hand, or asked to give her hand, she did it in the jerking irregular manner so characteristic of this affection.

The effect of music upon the ancient form of St. Vitus' dance seems to indicate that whilst volition has but little influence in itself in controlling the irregular actions of the muscles, yet by external agencies acting through the senses, an instinctive modification of these actions may take place, and if persevered in, the habit may be broken altogether. Another peculiarity in these motions is that, in defiance of their apparent irregularity, there is a sort of rhythm or order—a series of actions recurring with greater or less constancy. This is most manifest in the milder forms. In some cases it is confined to a periodical twitching of some one or more muscles of the face or eyeballs. In one case both eyeballs were turned so far upwards and laterally, as almost to hide the iris. This, and a corresponding twitch of the orbicularis, were the constant and only symptoms, and recurred with tolerable regularity every forty seconds. As the cases become more violent, the regularity of the motions becomes less evident, one class of spasms interfering with and modifying the others; in one very violent and fatal case, however, the *recurring character* of the convulsions was evident almost to the last.

For the production of these motions, if they are acknowledged to be of this character, there must be a stimulus acting upon the extremities of an excito-motor nerve, and the impulse reflected from the motor centres upon the muscular system. In health, stimuli of a certain character are constantly applied to the extremities of these nerves. To produce disease, either the stimulus must be increased in intensity, or the extremities of the nerves must be in a more irritable condition, and to the latter cause must the production of chorea be almost invariably attributed. In almost every case the cause must be looked for in some local or general excitability (perhaps from irregular distribution of blood), in the extremities of the excito-motor nerves, compelling them to respond in a more vigorous, and consequently, irregular manner, to the ordinary physical agents. It seems probable, too, that this excitability is almost exclusively manifested in the alimentary canal, the uterus, or the skin.

Dr. Elam then related several cases in which the alimentary canal was almost exclusively involved, and stated, as a general rule, that when the stimulus is in excess the spasms are tonic, giving rise to *cramp*, but when the excitability of the nervous extremities is increased, they are clonic. The next case was one of a more complicated character, dependent on irritability of the peripheral nerves of the intestines.

E. S., aged 8, suffered from the usual symptoms of chorea. Purgatives and carbonate of iron were prescribed, and though the tumid bowels were relieved, the jactitations were only rendered more violent. Every variety of tonic was tried, and each successive change in the medicine seemed but to aggravate the characteristic symptoms. The pupils having become more dilated, and more insensible to light, with pain in the head, a blister was applied to the neck, and the result was a great aggravation of the symptoms. At last mercurial liniment, with opium, was rubbed over the abdomen, and the improvement was immediate. Tonics were now given with good effect, and the recovery was complete.

Dr. Elam next detailed several cases connected with affections of the uterus. These cases generally occur when the function of menstruation is instituted.

There are, however, many striking exceptions to this rule. The following is an instance:-

A little girl, 8 years of age, was attacked with symptoms of inflammation of the uterus. There was pain in the hypogastric region, and a purulent discharge from the vagina, though no mischief could be detected in the vagina itself. A rather firm tumour could be felt just above the pubes, which seemed to be the uterus enlarged; treatment directed to this part removed the tumour, the discharge, the pain, and the chorea.

Two fatal cases were mentioned; they were of the uterine nature, about the same age, and with very similar symptoms.

J. C., aged 15, ill two weeks. When first seen the convulsions were very violent. She could give no account of herself, and her friends could give little more. It was impossible to ascertain whether any local affection existed. The agitation was so extreme, the distress of the countenance so terrible, that an experienced surgeon said, "If I must die of a convulsive disease, let it be tetanus rather than this." This continued quite unchecked by treatment for ten days, when she died.

The *post-mortem* appearances were peculiar, but confined to the brain, spinal cord and uterus. All the vessels on the surface of the brain and spinal cord were extremely gorged with blood, but this seemed to be rather an effect than a cause of the violent and long-continued agitation. The apparent origin of all the mischief was found in the lining of the uterus, which was extremely congested, and in one or two places a minute drop of blood had oozed out, indicating that the function of menstruation was just on the point of being set up, and if the patient could, as Dr. Watson suggests in fever, have been kept alive a little longer, she would ultimately have recovered. The system was on the point of relieving itself, but nature gave way in the effort.

The second fatal case was very similar to the one just detailed, both in the symptoms and *post-mortem* appearances.

In conclusion, Dr. Elam noticed the great similarity between chorea and tic, both as to their causes and the plan of treatment most successful in both. One attacks the motor and the other the sentient nerves; both are chiefly dependent on derangement of the intestinal or uterine functions,—both are generally diseases of debility,—both relieved by tonics,—and both are almost incapable of relief by narcotics.—*Provincial Med. and Surg. Journ.*, Feb. 21, 1849.

18. *On Sanguineous Perspiration.* By Dr. SCHNEIDER.—It has often been a question whether, under any circumstances, blood is ever mixed with the fluid of perspiration in human beings. Dr. Schneider remarks that he has several times observed the phenomenon. He mentions having been once summoned to a healthy man, 50 years of age, who, for a period of twelve hours in succession, had travelled on foot: during the journey he had perspired much in his feet; and, on examining them at the end of it, they were found covered as high as the ankles with a sanguineous perspiration, which had also soaked into and stained his stockings. In another case of a healthy young man, Dr. S. mentions having noticed that, after violent exercise, the perspiration beneath the arms was of a bright red colour; and he quotes a similar case from Hoffmann.

In proof that the perspiration over the whole body may also be of a sanguineous character, he mentions one case in which it had been observed in a delicate man after copulation, and then quotes the following still more remarkable case from Paulini. While surgeon on board a vessel, a violent storm arose, and threatened immediate destruction to all. One of the sailors, a healthy Dane, 30 years of age, of fair complexion and light hair, was so terrified that he fell speechless on the deck. On going to him, Paulini observed large drops of perspiration of a bright red colour on his face. At first he imagined the blood came from the nose, or that the man had injured himself by falling; but, on wiping off the red drops from the face, he was astonished to see fresh ones start up in their place. This coloured perspiration oozed out from different parts of the forehead, cheeks, and chin; but it was not confined to these parts, for, on opening his dress, he found it formed on the neck and chest. On wiping and carefully examining the skin, he distinctly observed the red fluid exuding from the